CITY OF LOWELL Parks & Recreation Department Mack Building 25 Shattuck Street Lowell, MA 01852 (978) 970-4171

FACILITY REQUEST

Please print and fill out of	ompletely.		
FIELD REQUESTED: _		SPORT/EVENT:	
GAMES P	RACTICE	OUTING	OTHER
DATES & TIMES NEED (Please be specific and of be attached and submitted)	only request dates and ti	mes you will definitely	use. Schedules must
NOTE: The fee for adult change. The Parks & Roorder. No personal checks accepted	ecreation Department ac	•	_
ORGANIZATION NAME	i:		
CONTACT INFORMATI	<u>ON</u>		
NAME:		NAME:	
ADDRESS:		ADDRESS:	
CITY:STAT	E:ZIP:	CITY:	_STATE:ZIP:
PHONE: (H)	(W)	PHONE: (H)	(W)
suspension of your perm	nit for the remainder of th within 48 hours of cance	e season. You are re	ve requested may result in a quired to notify the Parks & we can make adjustments.
SIGNATURE OF APPLI	CANT:		
Office use only Date Received:			